m/37/081

Michael O. Leavitt Governor Lowell P. Braxton

Division Director

1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City, Utah 84114-5801 801-538-5340 801-359-3940 (Fax) 801-538-7223 (TDD)

FACSIMILE COVER SHEET

| DATE: | ug. 16,2001 |
|----------------|--|
| NUMBER O | F PAGES INCLUDING THIS COVER SHEET: |
| TO: | Van Johnson, Branch Manager Jeons Bank |
| | Zions Bank |
| | |
| | |
| FAX NUMBI | ER: 1-435-678-3242 |
| FROM: | Joelle |
| | Minerals Reclamation and Development Program |
| PHONE: FAX: | (801) 538-5291 (801) 359-3940 |
| SUBJECT: | Signature Card - Halliday Const. Co. Line Ridge Mine - m/037/08 |
| | Here is a sample of a signature card we got from Wells Fargo Bank |
| | see got from Wells Pargo Dank |
| | |
| | |
| | |
| | |

Should you encounter any problems with this copy, or do not receive all the pages, please call

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| - | TRANSACTION REPOR | | - | AUG-16-2001 | | THU | 04:35 | PM |
|-----------------------------|-------------------|---------|------|-------------|--------|-----|-------|-------------|
| FOR: OIL, GAS & MINING | 801 35 | 59 3940 | | | | | | |
| DATE START RECEIVER | TX TIME | PAGES | TYPE | NOTE | | | M♯ | DP |
| AUG-16 04:34 PM 14356783242 | 57" | 3 | SEND | OK | | | 908 | _ |
| | | TOTA | Ĺ: | 57S I | PAGES: | 3 | | |



DIVISION OF OIL, GAS AND MINING

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FACSIMILE COVER SHEET

| FACSIMILL COVE | | | | |
|--|--|--|--|--|
| NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3 TO: Dan Johnson Branch Manager June Bank | | | | |
| FAX NUMBER: 1-435-678-3242 FROM: Seelle Minerals Reclamation and Development Program | | | | |

Time Account Signature Card/W-9

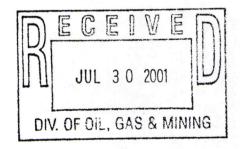


| Request for Taxpayer Identification Number and Certification (Substitute r | om vv-s) |
|---|---|
| Certification: Under penalties of perjury, I certify that: 1) The number shown on this form is my correct Taxpayer Identification N 2) UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject Internal Revenue Service (IRS) that I am subject to backup withholding as notified me that I am no longer subject to backup withholding (does not apparently apparently for secured property, contributions to an Individual Retirement | ect to backup withholding either because I have not been notified by the a result of a failure to report all interest or dividends, or the IRS has oply to real estate transactions, mortgage interest paid, the acquisition or |
| ☐ I am subject to backup withholding | Signature |
| ☐ I am exempt from backup withholding | x m / Man |
| Depositor(s) name and address JERRY HOLLIDAY CONSTRUCTION INC FBO UT STATE D LIME RIDGE MINE PERMIT M/037/081 PO BOX 502 BLANDING UT 84511 0502 | IV OF OIL GAS & MINING Taxpeys Temporary signature card Need certification |
| Signature: | |
| I have received a copy of the Bank's Time Account Receipt/Disclosure, apand agree to be bound by them. | plicable account agreement, and applicable fee and information schedule |
| x Journ & Brain x Lowell P Braxton, Director | X |
| x Lowell P Braxton, Director | X |
| * of Let. Div of Oil Gas& Mining | Date |
| W 74W50 (11-00-37438-J) PII | |

date indicated below and shall remain in effect until the receives the Customer's written 8. This Certificate is in effect of ad a reasonable opportunity to act on such notice. notice of its revocation and i. 9. If the Customer is a tribal government or tribal government agency, the Customer waives Sovereign Immunity with respect to all matters directly or indirectly referred to in this Certificate, and submits to the jurisdiction of, and the Bank may bring any legal proceeding directly or indirectly relating to a matter referred to this Certificate, in a state or federal court. 7-27-0 Certified/Agreed to by: Signature: _ Signature: _ Name: Name: Title: Title: Imprint Seal (if any) AUTHORIZED SIGNERS - Check the appropriate box and then complete the designated Signature Capture section(s). If neither box is checked and one of the Signature Capture sections is left blank the Bank will be authorized to treat the sections as having been completed identically. ☐ Complete "Deposits and Related Services Only" section. Complete both of the following sections but if either section is blank and the other is completed, the Bank will be authorized to treat the sections as having been completed identically. If the customer is a sole proprietor, any Authorized Signer named below shall hereby be appointed as the Customer's attorney-in-fact for the purpose of exercising the powers granted by this Certificate, and this power of attorney shall continue to be effective if the Customer becomes disabled or incompetent and until the Bank receives actual notice of this Certificate's termination. SIGNATURE CAPTURE - Deposits and Related Services Only Authorized Signers (Only one signer is required) OWEIL P Braxton Director of UT Jowell P Brayl SIGNATURE CAPTURE - Credit and Related Services Only Authorized Signers Number of signers required (If left blank, only one signer is needed)

Title (if any)

Name



Specimen Signature